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PTO/SB/05 (11-00)

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 18865005800

First Inventor

Estacio, Maria Cristina

Title

DUAL STACKED DIE PACKAGE

Express Mail Label No.

EL624000015US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning design patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 7]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C.113) [Total Sheets 1]
5. ☐ Oath or Declaration [Total Pages ]
  - a. ☐ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)
  - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper number of pages
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☐ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: \_\_\_\_ / \_\_\_\_

Prior application information: Examiner \_\_\_\_

Group Art Unit: \_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

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20350

or ☐ Correspondence address below

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Name

Kevin T. LeMond

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

Kevin T. LeMond

Registration No. (Attorney/Agent)

35,933

Signature

*Kevin T. LeMond*

Date

3/12/01

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SF 1199459 v1

FEE TRANSMITTAL for FY 2001		Complete if Known		
		Application Number	Not Assigned	
Patent fees are subject to annual revision.		Filing Date	March 12, 2001	
		First Named Inventor	Estacio, Maria Cristina	
		Examiner Name	Not Assigned	
		Group Art Unit	Not Assigned	
TOTAL AMOUNT OF PAYMENT	(\$)	710	Attorney Docket No.	18865005800

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEES	
Deposit Account Number	20-1430		
Deposit Account Name	Townsend and Townsend and Crew LLP		
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
2. <input type="checkbox"/> Payment Enclosed:			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)
101	710	201	355
106	320	206	160
107	490	207	245
108	710	208	355
114	150	214	75
SUBTOTAL (1)		(\$710)	
2. EXTRA CLAIM FEES			
Total Claims	6	-20**	=
Independent Claims	2	-3**	=
Multiple Dependent			
SUBTOTAL (2)		(\$0)	
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	
		(\$)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Kevin T. LeMond	Registration No. (Attorney/Agent)	35,933
Signature		Telephone	415-576-0200
		Date	3/12/01

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